PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/157 318 CPA

CLAIMS AS FILED - PART I									7/5	<u> </u>		7770
(Column 1) (Column 2)								MALL YPE	ENTITY	OR	OTHER SMALL	
Ľ	OR	. 12	NUMBI	BER FILED	NUMBER	NUMBER EXTRA			FEE	7	RATE	FEE
B/	ASIC FEE								345.00	OR	SHOW STATE	690.00
ΤC	OTAL CLAIMS		8	minus	20= *	N. Washington	X	\$ 9=	1	OR	americ-treated	
INI	DEPENDENT C	LAIMS	/	minus	3 = *		X:	39=	 	1 1	V70	
MULTIPLE DEPENDENT CLAIM PRESENT									 	OR		
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2							30=	I	OR		
		10	TAL	345	OR							
		(Colu	umn 1)	MILIADED	O - PART II (Column 2)	(Column 3)	SM	ALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		REM.	AIMS IAINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		ATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE
Q	Total	<u> -</u>		Minus	**	=	X\$	9=	1	OR	X\$18=	
AME	Independent	* ENTATIO	NOE M	Minus	***	=	ХЗ	39=		OR	X78=	
	rino i racoc	INTALLO	N OF IVIC	JLIIPLE DEF	PENDENT CLAIM]	+10	30=		1 1	+260=	
1								OTAL		OR	TOTAL	·
ı		(Coli	umn 1)		(Oalumn O)	(a) 1 a)	ADDIT			OR ,	ADDIT. FEE	
_		CL	AIMS		(Column 2) HIGHEST	(Column 3)				. ,		
AMENDMENT B		AF	AINING FTER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IQN	Total	•		Minus	**	=	X\$	9=		OR	X\$18=	
AME	Independent	*	NOT M	Minus	***	=	X3:	9=		OR	X78=	T
	FIRST PRESE	:NIAHO	N OF MIC	JETIPLE DEP	PENDENT CLAIM		12			1	· ·	
							+13	OTAL		OR	+260= TOTAL	
		 (Oalı	- 41				ADDIT.			OR A	ADDIT. FEE	
\neg	建設 的人 公约		umn 1)	Teaching the County	(Column 2) HIGHEST	(Column 3)			- :	-		
AMENDMENT C		REMA AF	AINING TER DMEN!T		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	LE ,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total			Minus	**	=	X\$ 9	9= •		OR	X\$18=	
AME	Independent			Minus	***	=	X39	, <u> </u>			X78=	
لــــ	FIRST PHESE	NTATIO	N OF MU	JLTIPLE DEP	PENDENT CLAIM			-		OR		
• 11	if the entry in colu	mn 1 is le	ess than th	entry in colu	mn 2, write "0" in cole	lumn 2	+130			OR	+260=	
••••	If the "Highest Nun If the "Highest Nur	mber Prev mber Prev	viously Pai	aid For' IN THIS aid For' IN THIS	S SPACE is less than S SPACE is less than Independent) is the	in 20, enter "20."	ADDIT.				TOTAL ADDIT. FEE	
•	The ringing of recit	DOLL 194	Dusiy Fait	J FOI (10tal of	independent) is the	nignest number	toung in tr	не аррг	ropriate box	in colu	umn 1.	

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
FOR		NUI	MBER FILED		NUMBER	RA	TE	FEE		RATE	FEE		
BASI	C FEE						100	395.00	OR		790.00		
TOTA	L CLAIMS		minus	20 =	*	x\$11=		OR	x\$22=				
INDE	PENDENT CLA	AIMS	l minu	ıs 3 =	*	x41=		OR	x82=				
MULTIPLE DEPENDENT CLAIM PRESENT							+135=			OR	+270=		
* If th	e difference in co	TOTAL 395			OR	TOTAL							
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							Si	MALI	LENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAININ AFTER AMENDME	IG 💮	HIGHEST NUMBER PREVIOUSI PAID FOR		PRESENT EXTRA	RATE TIO		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MQ2	Total	* 8	Minus	**	20	= 0	x\$1	1=		OR	x\$22=		
ME	Independent	* /	Minus	***	3	= 0	х4	1=		ØR	x82=		
	FIRST PRES	SENTATION	OF MULTIPLE	NDENT CL	AIM	+13	35=		OR	+270=			
(Column 1) (Column 2) (Column 3)								OTAL FEE		OR ,	TOTAL ADDIT. FEE		
ENT B		CLAIMS REMAININ AFTER AMENDME	IG P	HI NI PRE	Olumn 2) GHEST UMBER VIOUSLY ID FOR	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	Minus **		=	×\$-	11=		OR	x\$22=		
AMENDM	Independent	*	Minus	Minus ***		=	x4	1=		OR	x82=		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=		
	(Column 1) (Column 2) (Column 3)									OR	TOTAL ADDIT. FEE		
ENT C	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	CLAIMS REMAININ AFTER AMENDME	IG	NI PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RA	TE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	x\$	11=		OR	x\$22=		
	Independent	dependent *		Minus ***		=	х4	1=		OR	x82=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=									OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
Th	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												